



**PLANNING & DEVELOPMENT SERVICES DEPARTMENT  
BUILDING & CODE REGULATIONS DIVISION  
BUILDING PERMIT  
SUB-CONTRACTOR AGREEMENT**

St. Lucie County Contractor Certification Number: \_\_\_\_\_

State of Florida Certification Number (If applicable): \_\_\_\_\_

\_\_\_\_\_ have agreed to be the  
(Company Name/Individual Name)

\_\_\_\_\_ sub-contractor for \_\_\_\_\_  
(Type of Trade) (Primary Contractor)

for the project located at \_\_\_\_\_.  
(Project Street Address or Property Tax ID #)

It is understood that, if there is any change of status regarding our participation with the above mentioned project, I will immediately advise the Building and Zoning Department of St. Lucie County by personally filing a Change of Contractor notice. (Form: SLCCDV No. 004-00)

**BUSINESS QUALIFIER** (Name of the Individual shown on the Contractor's License)

**ORIGINAL SIGNATURES ARE REQUIRED**

\_\_\_\_\_  
SIGNATURE PRINT NAME DATE

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

**OFFICE USE ONLY:**

PERMIT #		ISSUE DATE	
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